

# PLAINTIFF

ORIGINAL

Miscellaneous

# EXHIBIT

1

1-Through 17

Raynell Carmichael, D-25366  
 San Quentin State Prison-2N-01-L  
 San Quentin, CA. 94974  
 E-Mail: deniedjusticerc@msn.com

In Pro-Per  
 HELP WANTED

TRUTH-----JUSTICE-----INTERGRITY

December 9, 2007,

Justice

Justice

CALIFORNIA PRISON HEALTH CARE RECEIVERSHIP CORP  
 Mr. Robert Sillen-Federal Receiver  
 Attn: John Hanger-Chief of Staff-Special Masters and court experts  
 1731 Technology Drive, suite#700  
 San Jose, CA. 95110

Re: Urgent Action Requested

Dear, Mr. John Hangar.

I am writing to you as my last hope in expersing my disappointment with all the inadequate mdeical treatment that I have received, and beendenied, along with many delays and obstructions has fallen on deaf ears. I have wrote to every one here at San Quentin, that is in a postion to help me. I have worte letters to Judge Henderson , Robert Sillen & Kristian Hector. I've filed 602's WRIT OF HABEAS CORPUS, in the superior Court in the County of Marin, the court Appointed me a Attorney Charles Carbone-A Prisoner Frihts Attorney who wrote a letter on my behalf to the CMO-Dr. R. Kanan, MD, and to Robert Sillen, the Federal Receiver on August 14, 2007, there was no action taken. when in Fact I just been Lied too. or just not told any thing at all. I need and want anwsers I am very upset about the latest Rumor!? that is going around here at SQ from the Doctor's and Medical staff. saying that I am the one who cause my Kidney failure for taking additional Tylenol & IBUPOFEN for the Inceas Lower Back pain and left leg pain that had become very intense excruciating & debilitating. Let me explain, On Sept 27, 07, I was having heart and chest pain. I went to the North Block clinic. I told RN-Oliva the problem I was having, she check my Blood pressure and found that I was having irregular Hearts-palpitations she told me it was due to the combination of the Tylenol & IBUPOFEN, so RN-OLIVA told me to STOP and I did. Now once I STOP . I then start having pain in my left leg. On Sept 28, 07 at about 4:30 am the pain became so intense and so excruciating and debilitating I was taken to TTA-emergency Room here at SQ they felt the need for me to go by way of ambulance to an outside Hospital to be check out. on the way there I was given two shots of Morphine. while there they were unable to find the cause of the pain that I was having. I was return back to SQ. The TTA staff release be to North block and was told that

if I wasn't filling any batter or start having any more problems for me to return back to TTA, at about 2:00pm I return leting them know that my lower Back and left leg was stil hurting. Dr, Grant check me out and ask me did the hospital do an Ultasound to find out if I had a Blood clout. I told him no. some one said that they do the ultasound I told him that the only thing that they did was drawn blood. I told Dr. Grant that it didn't make any sense to me to go to an outside hospital in pain and come back to the prison in pain Dr. Grant told me he would write in my medical records that if I start having the same problems again for me to let the medical staff know because he left orders in my medical file.for Doctor's Hospital to do the Ultasound on my leg to find out if I have an blood Clout-now if it is found that I dont have a blood clout - we would have to start checking to see if I have a Pinch Nerve. lower back and left leg the sciotico-Nerve. On Sept 29,07. about 6:00 pm I went to the North Block Clinic told the LVN or Rn Casper that I have been having problems with my lower back and left leg which he had seen me the day before at TTA so I told him What Dr. Grant told me to do LVN Caspter wrote me a pass to go to the TTA which at that time I was In so much pain and it was hard for me to walk no one would taken me in wheelchair so I tried to walk I only made to the officer shack,which the officers were not happy about that after a shout time a officer went to TTA and got a wheelchair and push me there once there I was again taken to Doctor's medical center, this time they did run the Ultasound and that I didn't have a Blood clout so it is know beleive that I do have a pinch nerve. now the Ms Contin was suppose to have been Increase because the Ms Contin I am taking is not enought, I though I was going to be seen by Dr. Rand on Sept 28, 07, which Dr. Rand new about me going out to Doctor's Hospital . but that didn't happen. so I was seen by Dr Rand on Oct 2 2007, and my Ms Contin was Increase for 30mgs to 60mgs pm. which reduce my pain in my left leg and back along with other medication that was renewed. and refilled. Onct 8, 07, I was taken to Marin General Hospital for Kidney Failure. I told the Doctor what I had been going through and the medication. the Doctor told me the cause of the kidney failure was the LIPITOR 80 mgs. NAPROXEN 500mgs, METHOCARBAMOL 750mgs, HYDROCHLOROTHIZIDE 25mgs. and that I had been walking around at a third stage kidney failure. I believe that Dr. David and Dr. Rand should have known the serious side effects of Lipitor taken with certain other medicines would cause kidney failure, Muscle,Weakness and joint pain and more etc. which I had been telling the Doctor's of these symptoms.I sent a Notice on August 9, 07, to the CMO and other Staff members knew for quite some time and they have the AUDACITY!!! to try and Shift their Negligence on me as the cause. This situation and many more needs to be Investigated by a medical expert which I am requesting will show inadequate medical treatment to my serious conditions is a deliberate indifference from there negligence and Malpractice. I could have died!? and they would have been,

, the ones that killed me!!!?, I continue to experience Multiple incidents, over the past 5-Years. I have sent letters & documents to toyou all and all you have to do is check. Now how long is this going to continue. I need answers URGENT ACTION is required. in dealing with my Bone disease and other medical issues that has gone untreated? Why am I still waiting after 8-Months to be seen by an Bone Metablism expert at UCSF when San Quentin has a contract with UCSF or other Hospitals. My disease required immediate attention from specialis outside the prison the longer the delays the more permanent damage will be done to my body. which could have been preventable. I fill that every one who I've wrote to plus sent documents to all are responsible and should be held accountable for there failure to ACT. I would like to bring to your attention. a situation that needs to be investigated Mr Hanger, I was denied pain medication by LVN-Henderson on September 2, 2007, My Ms Contin had ran out My Doctor's appointment on August 31, 07, was rescheduled. No Fault of mine. If I had been seen by Dr. David or Dr. Rand this pain medication would have been renewed do to the fact of my bone disease and chronice pain. This type of Misconduct and more by other medical staff still continues here. I am requesting that LVN-Henderson be Fired, suspended or be required to take remedial education classes for her poor judgmen medical decisions, at the present time it is being appeal Log#CSQ-3-07--3875, I don't want this matter ignored. Mr. Hanger before you respond to this letter check the log to Californ Health care of incoming mail, as far back as August 22, 2006, as well as other dates. I ask you not to send me another form letter that Kristian Hector Inmate Patient relations Manager.This response letter that I've received as well as many others Inmates. we feel the words writen are only continue lies to our need for HELP. My wife and myself wrote and sent Info in regards to my dire need of Help and didn't receive any help from your Office. I believe once you check my request out! You will agree and under stand my feeling. Now I am requesting that you have one of your Medical Experts , you uses, Dr,Joe Goldens or Dr. Kent Imai, a consultant your office uses. once again I believe these medical Experts will say that my very serious medical problem could have been diagnosed by an medical Student. I believe that CDCR has a moral obligation to treat me with in the constitutional standards of health care, CDCR and even while under the Ferderal Recervier. I have been receiving Substandard medical care. The medical system still has failed me. Dr. John Hanger. I have read and heard from other people that you are a man of truth Justice and Intergrity so this is the reason that I am writing to you with hope and prayers that you you will deal with this matter personally or have some one else with the same type of character, that will come and sit down with me and address all my medical Issues. puting a plan together. In writing!!! It has to be in writing If I can not receive it in writing and a copy of it. there is no need to response Next, I have heard that Robert Sillen has an Doctor on staff name Dr. Arnt.

that comes and interview special cases. I believe that my case is a very serious and complex medical issues is one. I am only going to send a few copies of Info. the rest will find upon your research. I am due to be seen by Dr. RAND on November 27, 2007, Now during my visit with Dr. RAND she mention to me by saying that the Doctor at Marin-Hospital said that I was the cause of my kidney failure. I told Dr. Rand that I didn't believe the Doctor said that,? and I told her that is not what the Doctor told me. This is the second time that Dr. Rand made remarks concerning the cause of my kidney failure. I told Dr. Rand that I over heard Doctors saying that I had been walking around at or with Third Stage Kidney Failure, what that means I don't know!? so before I call Dr. Rand a Liar I wanted to check my medical records from November 8-13 2007, to see for my self as to what the Doctors had said. Now after close review. The Doctor did say the patient back and leg pain is what triggered him to increase taking Tylenol & Ibuprofen is probably what induced the acute renal failure, the hospital did not have enough data to say what the cause was. But it is still unclear if this was induced by these Two NSAID. Now base on information and belief, I don't think the Tylenol & ibuprofen was the cause of the kidney failure due to the fact that I STOP taking them on Sept 27, 07, right after RN-Olivia told me to STOP. so from that point on I wasn't taking them. I believe the real cause was due to not having any Lipitor in my system for over 30-days and on October 4, 2007, I started back taking the Maxim dose of Lipitor 80 mgs. along with all the other medication I was taking. Naprosyn 500 mgs 2 x a day-Hydrochlorothiazide 25 mgs 1xaday-Psyllium power 2xaday, Lipitor 80 mgs aday-Carvedilol 12.5 mgs aday-Lisinpril 20mgs aday-omeprazole 20mgs aday-simethicone 80 mg 2-tab-Ms Contin 60 mgs 2xaday-Amitriptyline 30 mgs at night. these are the real cause of me having acute renal kidney failure. Dr. Rand should have known the side effects of Lipitor taken along with certain other medicines and plus the fact that I had been all ready been complaining of the many symptoms that Lipitor causes. There is one more thing and that is Dr. Rand has lied when she said that I have been taking my cell mates Motrin that as well as other remarks she has written in my medical file are false and I want all of them out. and a Investigation in to this matter. I am going to close for now , with hope and faith In God that he will touch your heart to react and do your part and HELP me!!!, so until that time may God bless us in all ways.

Respectfully Submitted

Raynell Carmichael, Sr.



**Prisoner Rights Attorney***"Justice for the Incarcerated"***Charles F.A. Carbone, Esq.**  
Attorney

August 14, 2007

Sent via U.S. Mail.:Dr. Rene Kanan, M.D.  
Chief Medical Officer  
SQSP  
San Quentin, CA 94974**Re: Unmet Medical Needs of I/M Carmichael (D-25366)**

Dear Dr. Kanan:

On behalf of the above-referenced inmate and client of mine, I write to respectfully request that you or your medical staff inquire on the inmate's medical needs. In short, inmate Carmichael was recommended for a consultation with the bone metabolism physician since April 26, 2007, and unfortunately no such medical care has been provided to date. He was further ordered to see a Rheumatology specialist since May 25, 2007, and no such referral has occurred. Moreover, inmate Carmichael's medical condition continues to worsen. I've enclosed a copy of his medical lab tests so that you can readily identify the needs of this inmate.

Please ensure that inmate Carmichael's medical needs are immediately cared for and met. His case is quite deserving of medical attention.

Please do not hesitate to contact me with any questions or concerns, and thank you in advance for your attention to this matter.

Sincerely,

  
Charles Carbone, Esq.CC:  
Robert Sillen, Federal Receiver's Office.



**Correctional Medicine Consultation Network**  
**Department of Family and Community Medicine**  
**University of California, San Francisco**

Carmichael, Ray D25366  
8/29/06

55 year old man with HTN, hyperlipidemia, obesity, DJD, elevated alkaline phosphatase for 2 1/2 years, currently undergoing workup to rule out multiple myeloma or metastatic disease. To summarize patient's course, he was initially noted to have elevated alkaline phosphatase in February 2004 with a normal GGT in 4/2004. No further workup was done on this until 4/06 when alkaline phosphatase isoenzymes revealed an isolated elevated bone isoenzyme. At that time Mr. Carmichael was complaining of back pain and BRBPR. Given a family history of colon cancer, he was scheduled for colonoscopy and CT chest/abdomen/pelvis to rule out metastatic disease. Colonoscopy was negative except for 2 polyps which were biopsied, pathology report pending. On 6/8/06, CT chest and abdomen were negative. CT pelvis showed mottled lesion in L femoral neck and sacrum which "could be due to osteopenia, multiple myeloma, and/or metastatic disease". At that time a SPEP/UPEP and bone scan were ordered. Labs from 6/27/06 showed UPEP negative. SPEP showed barely elevated alpha 2 globulin at 1.0 gm/dL (upper limit of normal is 0.9). Total protein is normal at 7.4. Bone scan on 7/7/06 showed diffuse uptake consistent with possible infiltrative disease in multiple sites. Of note, Mr. Carmichael has normal hematocrit, creatinine, PSA, and CEA. PTH (intact) is elevated at 84 with a normal calcium of 9.7.

Assessment :

In summary, Mr. Carmichael's lab and imaging abnormalities are more consistent with metabolic bone disease possibly due to a vitamin D deficiency or less likely a parathyroid abnormality. There is no evidence of multiple myeloma as globulin spikes in multiple myeloma are generally in the range of > 3 g/dl. Mr. Carmichael's case was discussed with Dr. Kaur, oncology, who felt there was no need for further workup of malignancy or bone marrow biopsy as metastatic disease is very unlikely since he has completed age appropriate cancer screening all of which has been negative, in addition to negative CT scans of the chest/abdomen/pelvis.

Plan:



We recommend checking a 25-hydroxyvitamin D (calcidiol) level and phosphorous level to rule out vitamin D deficiency, the most common cause of osteomalacia. If his phosphate and calcidiol levels are low, he will need to be treated for vitamin D deficiency. If vitamin D deficiency is present, Mr. Carmichael will likely require aggressive replacement depending on his degree of deficiency, consider an Endocrine consultation for specific recommendations if necessary. If these are normal, the next step would be to recheck a calcium level and consider an Endocrine consultation with a possible nuclear medicine evaluation of parathyroids to rule out parathyroid adenoma.

I RECEIVED THIS ON 9-13-06



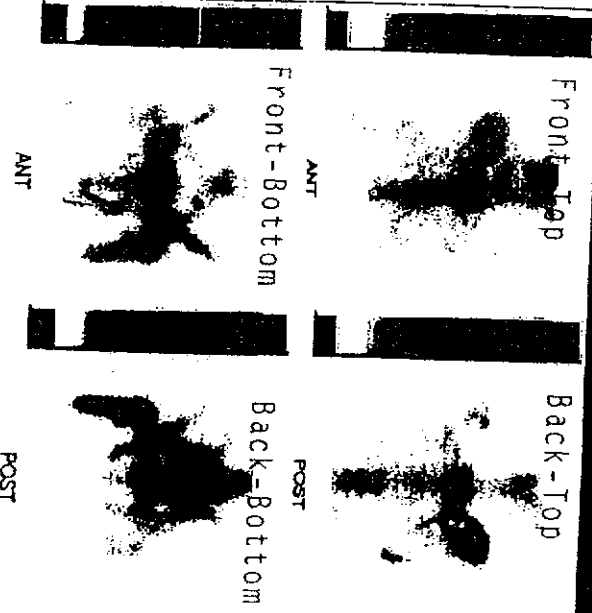
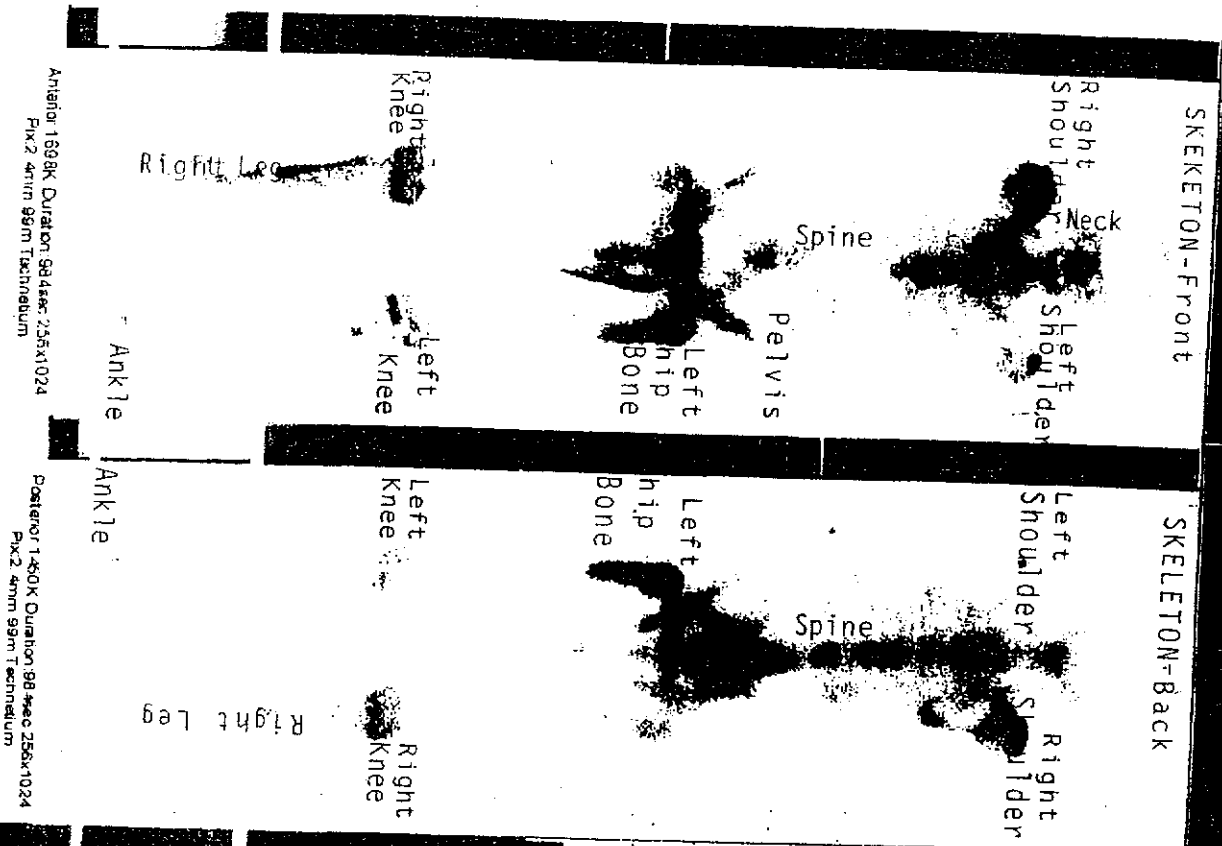
- If all the above work up for parathyroid/vitamin D disease is negative, would then re-consider an oncology consult for bone marrow biopsy to aid in diagnosis.
- Since Mr. Carmichael's symptoms are likely all due to DJD with possible superimposed bone disease, it is expected that he would experience considerable pain. Upon discussion with Mr. Carmichael, he is experiencing significant discomfort, therefore we recommend more aggressive pain control along with diet and weight loss counseling.
- In terms of his hypercholesterolemia, Mr. Carmichael is inadequately controlled with a most recent total cholesterol in February 2006 of 266. We recommend increasing his dose of atorvastatin.
- Also, Mr. Carmichael should have a repeat SPEP/UPEP in 1-2 years to monitor for progression to MGUS.

Feel free to contact us with any questions.

  MS  
Liz Suiter, MD UCSF Primary Care Internal Medicine Resident, R3  
Shira Shavit, MD UCSF Assistant Clinical Professor Dept. Family Medicine

STUDY: Bone Scan STUDY DATE: 7/1/01 ID: 02164861 SEX: M  
 ACCSSION #: NVN06534

The Black & Gray area is where the Metabolic Bone Disease has Spreaded, Multiple Sites!!!

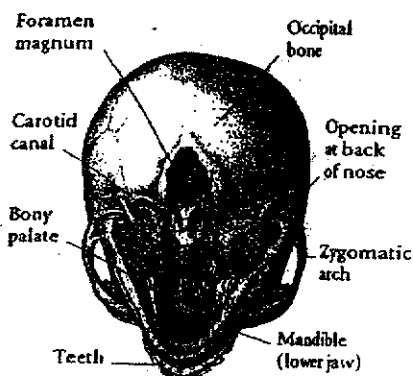


Master 1  
 Sub  
 NUCME  
 CD25366 CARMICHAEL, RAYNELL  
 RAD# 859578  
 NVSUBFOLDERLBI

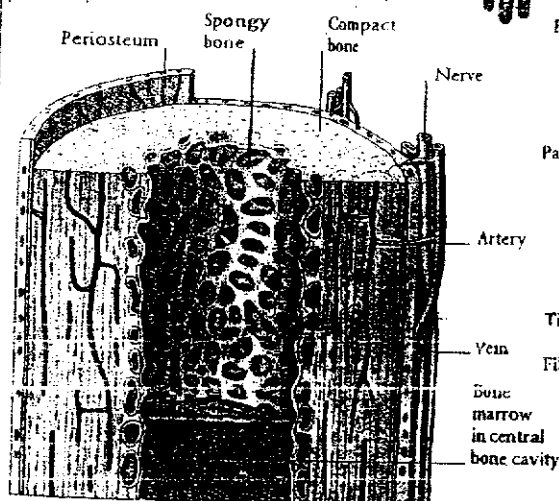
## MUSCULOSKELETAL SYSTEM

**STRUCTURE THE BODY'S SKELETON**

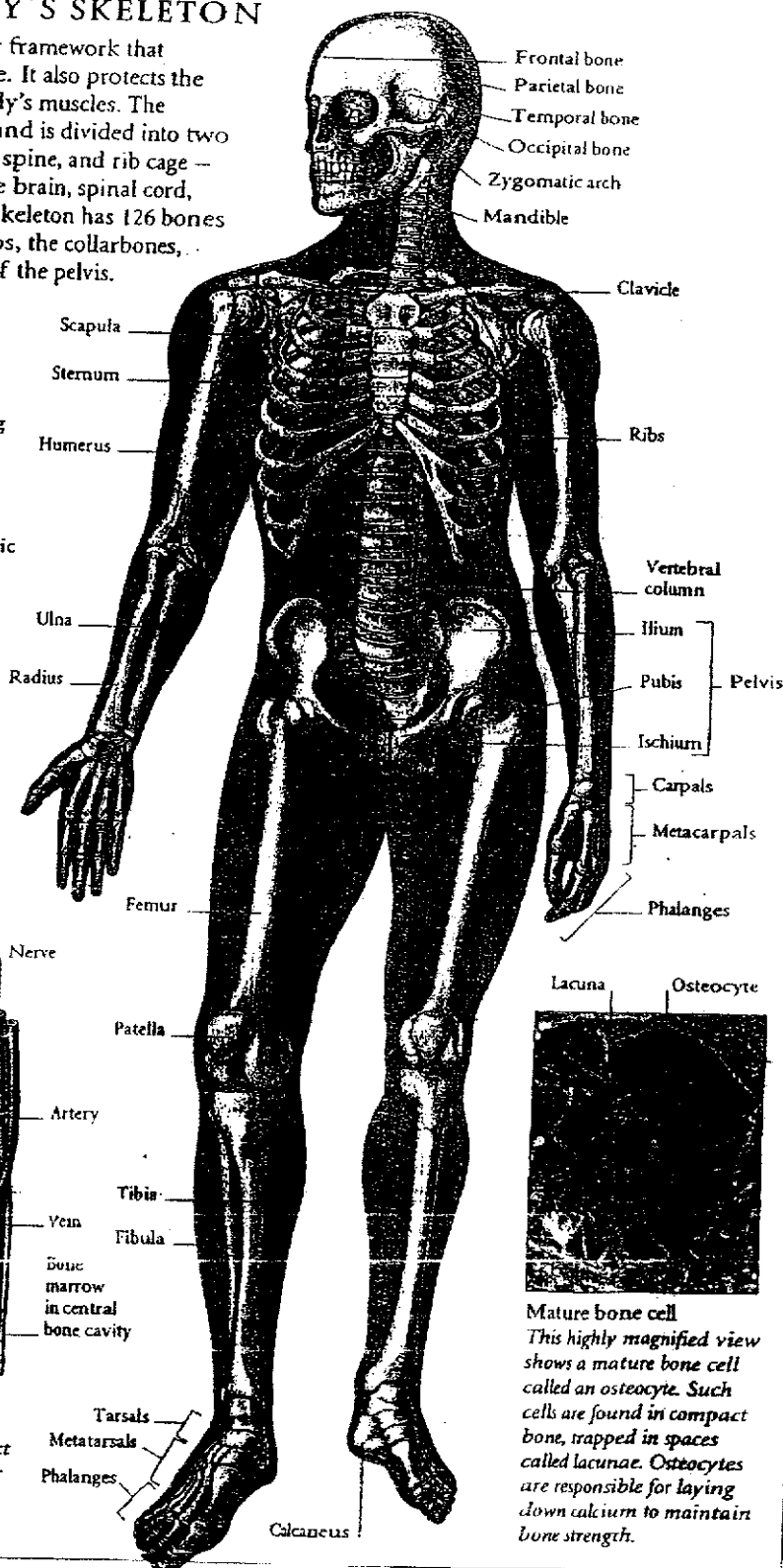
The adult human skeleton is a bony framework that supports the body and gives it shape. It also protects the internal organs and anchors the body's muscles. The skeleton is composed of 206 bones and is divided into two parts. The axial skeleton – the skull, spine, and rib cage – consists of 80 bones and protects the brain, spinal cord, heart, and lungs. The appendicular skeleton has 126 bones and consists of the bones of the limbs, the collarbones, the shoulder blades, and the bones of the pelvis.

**View of the skull from below**

The skull has several holes through which vital structures connect with the brain. The spinal cord passes through the foramen magnum, the largest hole. The carotid arteries pass through smaller, paired holes to supply blood to the brain.

**Structure of a long bone**

A long bone, such as the femur, has a marrow-filled cavity surrounded by spongy bone. The next layer is denser, compact bone. Covering the outer surface is a membrane (periosteum), which contains nerves and a network of blood vessels.

**Mature bone cell**

This highly magnified view shows a mature bone cell called an osteocyte. Such cells are found in compact bone, trapped in spaces called lacunae. Osteocytes are responsible for laying down calcium to maintain bone strength.

9835 77

- 01 - 59 -

Raynell Carmichael, D-25366

EXHIBIT 2

San Quentin State Prison-2N-01-L

San Quentin, CA. 94974

E-Mail:deniedjusticerc@msn.com

In Pro-Per

HELP WANTED

TRUTH-----JUSTICE-----INTERGRITY

Justice

October 18, 2007

Justice

Doctor's Medical Center

Dr. O'Connor, MD. Endocrinologist

2000 Vale Road

San Pablo, CA. 94806

Re; Back Ground Information

Dear. Dr. O'Connor.

I am writing in regards to my last vist with you on August 24, 2007, and the one before that was on May 25, 2007, During my vist you, it was hard for you to evalutate me due to the fact that San quentin didn't send you enough back ground Info, and as we talk about I was going to send you some with hope that it will fill in the blanks. I need your HELP!!! to finging the true cause for my elevated Alkaine phosphatase. Now as of this date. I still havn't been seen by Rheumatology, GI; and another recommendation before I started being seen by you. I am sending you Dr. Nelson Madrilejo, MD. Next, once I return back to S Q S P It took 30-days before I started receiving the Calcium at the present time I was told not to take any more Calcium because the Doctor at MARIN GENERAL HOSPITAL. IT WAS TOO HIGH. I Informed Dr. Najad that I am due to be seen by you some time this mounth. 60-days from the last time, I seen you. i was in Marin General Hospital for acut Kidney Failure, and a Sciotic pinched Nerve. Next, I was at doctor's Hospital on sept 28, 2007, #072720062, and Sept 29, 2007, #07272100083, ER, Blood was drawn so check it out. it may be helpful to us?. Dr. O'Connor as you can see this condition has gone on to long for over 3-years, and it looks like there is still No answer!!! to my serious medical problem. I want to know are the Mottled Lesion-Permanet Damage/ if this Bone disease has No Cure, can you give me some thing to slow down the spreading to other bones. like Nutritional Supplements. Glucosamine and Chondroitin sulfate, Vitamins D, C, E, \* Beta Carotene. Joint Lubrication, Next, will a MRI reveal the spacific Bone that are the problem? now when I see you, I hope you will have answers for me or a Recommendation to some other place that will have the answers, I would like your opinion about UCSF would I be better treated there due to the fact that UCSF is also a research

EXHIBIT

Raynell Carmichael, D-25366  
San Quentin State Prison-2N-D1-L  
San Quentin, CA. 94974  
E-Mail:deniedjusticererc@msn.com

In Pro-Per

HELP WANTED

TRUTH-----JUSTICE-----INTERGRITY

Justice

November 6, 2007

Justice

Dr. O'Connor-Endocrinologist  
1690 San Pablo Ave Ste# F  
Pinole, CA. 94564

Re: Back Ground Information

Dear. Dr. O'Conner

I am writing in regards to our last visit on November 2, 2007. Now as you can see the copy of the letter I told you about, so what I have done now is added some more Info, with hope that it will be of even more help. I don't know or remember if we had the last Blood Test for Vitamin D, so once I return back to S.Q. I STOP by the Lab and pick up the results. now as you can see the total of D2 is 53, & D3 is 4, Question what is the D3-toal Suppose to be??? Now based on the Total of D2-53 october 2007, a 15-point drop if its continues to drop at 15-points, in November 2007, will be 38-points, and then another 15-points December 23-points, January 2008, it will be back at 8-IU once again. what is the cause!??? now based on the Blood Test that you do have does it show that I now have Muscle damage!? check that out, plus I've sent you a copy of the CT-Bone Scan, is the CT-Bone Scan better than an MRI,??? in learning how much more has the Bone Disease has spreaded. I have sent you a copy of the THYROID\_FUNCTION DOES THESE High & Low -Numbers , are they the cause of all this weigh agin? what should be the best numbers ? do you deal with issues like this as a matter of treatment. Now were you able to rember the Doctors name??? who works at UCSF as a Bone Metabolism Expert. I need you to make any or the best recommendation for an specialist or Expert in the field. that is best able to treat me. I really need your Help. My condition has been going to long with out finding the true cause.I am in serious pain. now Dr. Rand is my prestne Physician, who works here at san Quentin North Block. the CMO is Dr. Rene Kanan, Dr. shavit work here at S.Q. as a correctional Medicine Consultation Network from UCSF she and another Doctor are the ones who seen me 8-29-2006, and is at the present time working at trying to get me



EXHIBIT 5

Raynell Carmichael, D-25366

San Quentin State Prison-2N-01-L

San Quentin, CA. 94974

E-Mail:deniedjusticerc@msn.com

In Pro-Per

HELP WANTED

TRUTH-----JUSTICE-----INTERGRITY

Justice

November 6, 2007

Justice

Dr. O'Connor-Endocrinologist

1690 San Pablo Ave Ste# F

Pinole, CA. 94564

Re: Back Ground Information

Dear. Dr. O'Conner

I am writing in regards to our last visit on November 2, 2007. Now as you can see the copy of the letter I told you about, so what I have done now is added some more Info, with hope that it will be of even more help. I don't know or remember if we had the last Blood Test for Vitamin D, so once I return back to S.Q. I STOP by the Lab and pick up the results. now as you can see the total of D2 is 53, & D3 is 4, Question what is the D3-toal Suppose to be??? Now based on the Total of D2-53 october 2007, a 15-point drop if its continues to drop at 15-points, in November 2007, will be 38-points, and then another 15-points December 23-points, January 2008, it will be back at 8-IU once again. what is the cause!??? now based on the Blood Test that you do have does it show that I now have Muscle damage!? check that out, plus I've sent you a copy of the CT-Bone Scan, is the CT-Bone Scan better than an MRI,??? in learning how much more has the Bone Disease has spreaded. I have sent you a copy of the THYROID\_FUNCTION DOES THESE High & Low -Numbers , are they the cause of all this weigh agin? what should be the best numbers ? do you deal with issues like this as a matter of treatment. Now were you able to rember the Doctors name??? who works at UCSF as a Bone Metabolism Expert. I need you to make any or the best recommendation for an specialist or Expert in the field. that is best able to treat me. I really need your Help. My condition has been going to long with out finding the true cause. I am in serious pain. now Dr. Rand is my prestne Physician, who works here at san Quentin North Block. the CMO is Dr. Rene Kanan, Dr. shavit work here at S.Q. as a correctional Medicine Consultation Network from UCSF she and another Doctor are the ones who seen me 8-29-2006, and is at the present time working at trying to get me

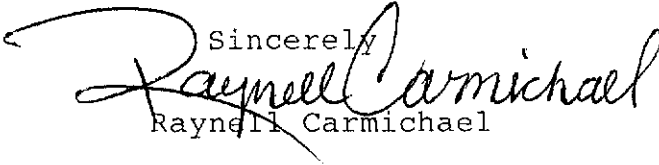
seen by an Bone Metabolism Expert. If you can Help in any way Please do. so Dr. O'conner after reviewing all this Info. Do or take what ever steps you need to take to Help me as your Patient. who is in direr need of Help! it is very hard for for me to believe that over 3-Years plus that no one can figure out the cause. sir at this point and time. I don't know what else to say is is my hope and prayers to God that he will touch your heart soul and spirit as a Doctor to help me. now before I close, if you think of any thing else as far as medical records that you may need just write me, and I will get it and send it to you. once again is this cancer in any way? Multiple Myeloma. I am going to close for know, so untill the next time . May God bless us in always. I look forward to hearing from you real soon.

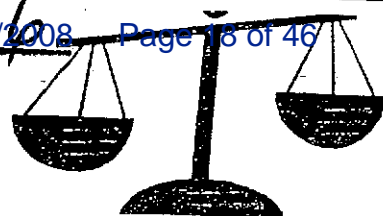
Respectfully Submitted

  
Raynell Carmichael, Sr.

that I be evaluated / GI, for unknown reason I was never seeny the rheumatology, and just recently I was seen by an GI on Feb 5, 2008 and when I did I inform him to contact you. Now on January 18,2008, I was seen by Dr. V. RAND and at that time she told me you had consulted with Dr. Schbock from UCSF. and it is now a FACT that I am diagnosed with Paget's disease of bone and my treatment will be FOSAMAX, Calcium 1000mgs a day, and continue my 50,000 IU Vitamin D, once a week I received the FOSAMAX on Feb 5, 2008. I didn't start taking any, because I had unclear instruction on How to take the FOSAMAX plus I still handn't received any calcium. I finality received the calcium on Feb 9, 2008, Thats the day I first started taking the FOSAMaX and calcium. on Feb 6,2008, RN-Alex gave me a print out article off the web site "Mayclinic.com" Paget's disease of bone" from Dr.RAND. now I have review this article very closely and do agree 100% with all the information signs & symptoms, and that Paget's disease of bone affects each person differently, This disease has been wide speaded with in my bones, jonts, nerves. This is my present problem that I am dealing with pain radiating from my lower back my L-4&5 into my left leg the Sciatica, cause numbness tingling, and weakness, even in my toe & foot. I am also experiencing These same problems in both hands with fingers 3&4 Thumb. this indicate sever spinal damage. I have all ready lose 2'inces in my spine. I believe this is Permanet Damage as well as my neck, shoulder, elbow, right&left knees. I also remember in 2004, when I had dental problems, lose teeth I had to have many teeth pulled and I still have lose teeth. I also had to get eye glasses at the present time I need to have my eyes check again. I have a question as to screeing and diagnosis in detecting this sisease, blood test was done as far back in 2004, month after month blood test, x-rays CT-bone scan done in july 7, 2007, it took 5-years. This has me confuse!?. why did it take so long to figure this out!?. Dr.O'Connor this is my question to you. How much experience do you have in dealing with Paget's disease case and patients. is it still necessary for me to be seen by Dr. Schobock MD. at UCSF. I believe that we still have to find out the cause of my Vitamin D deficiency, did the GI Doctor I seen on Febuary 5, 2008, contact you? because I suggested to him to get in touch with you. I felt that you too might be able to figure the cause of the vitamin D deficiency and why I am lactose tolerance. Dr. O'Connor to self educate my self I have been reading other information about Paget's bone disease. which has also been very informative I recommen you check it out if and when you have the time. They are Wikipedia.org/wiki/paget's\_disease\_of\_bone. Next, MedicineNet.com ARTHRITIS FOUNDATION, NOVARTIS.COM Dr. O'Connor I have been schedule to see you in the near future. so we can discuss these issues that I have raise. it is my hope that you could write up some type of notes that willreflect

your oppion concerning my medical condition,so untill next time be safe,  
and I look forward to seeing you real soon. Thank you for all your time in  
this matter.

Sincerely  
  
Raynell Carmichael



San Quentin, CA. 94974

E-Mail:deniedjusticere@msn.com

In Pro-Per

TRUTH-----JUSTICE-----INTERGRITY

HELP-WANTED

December 24, 2007

Dr. O'Connor -Endocrinologist & Dr. Schobock-UCSF  
1690 San Pablo Ave Ste#F  
Pinole, CA. 94564

Re: Medical Up Date

Dr. O'Connor & Dr. Schobock

I am writing in regards to your FAX that you forwarded dated November 16, 2007. Now you and Dr. Schobock from UCSF requested another CT-whole Body Scan again, which was redone on December 12, 2007 as you can see I am sending only the report that I have, and due to the Fact that Dr. RAND was unable to find the picture of the CT Bone Scan. I know for a Fact that NOVATO COMMUNITY HOSPITAL sent it!? I did have a chance to review it while I was at the Hospital, It looks like it handn't change any !? now may be by the time I get schedule to see you again or to be seen by Dr. Schobock they will have found it. I have all ready requested a copy of it from the medical records. Next I am sending the Lab work done that you quested the CBS & PSA and serum phosphorus ? next I am unsure of your request for the film from Novato hospital of the CT-Scan done on 6-8-02 !? Please check this date again, I believe you mean 7-7-2006. which I've sent you a copy of that all ready. Now I am sending you a copy of my MRI that was done on November 21, 2007, Dr. RAND call you over the phone while I was there in her office on December 21, 2007, some one on the other end informed her that you are gone for the Holidays and will not return untill January 8, 2008, so I am sending you all of this Info for now, and if I am able to get any more between now and then , I will send that to you as well or you can call Dr. RAND, once you have reviewed this Info. Dr. O'Connor it looks to me that the damage done is PERMANET!?. I hope the Holidays was a pleasant one for you as well as the New Year 2008, I want to thank you for every thing that you have done, and what you are doing , and what you may continue to do. May God bless you in all ways. be safe.

Respectfully Submitted

*Raynell C.*  
Raynell Carmichael



STATE OF CALIFORNIA  
GA-22 (9/92)

## INMATE REQUEST FOR INTERVIEW

DEPARTMENT OF CORRECTION

DATE	TO	FROM (LAST NAME)	CDC NUMBER
Feb 5, 2008	CMO-Dr. Tootell	Carmichael, Raynell	D-25366
HOUSING	BED NUMBER	WORK ASSIGNMENT	JOB NUMBER
2N1-L	2N1-L	U/A	FROM _____ TO _____
OTHER ASSIGNMENT (SCHOOL, THERAPY, ETC.)			ASSIGNMENT HOURS
U/A			FROM _____ TO _____

Clearly state your reason for requesting this interview.

You will be called in for interview in the near future if the matter cannot be handled by correspondence.

I am requesting a Reconsideration to have METHOCARBAMOL 750 mgs 2 x a day refill for Muscle spasms. It STOP on Jan 13, 2008, Dr. Rand would not refill it. I was told that the CMO said this could not be prescribe to patients any more!? Every since that time. I have been with out this medication.

INTERVIEWED BY

Do NOT write below this line. If more space is required, write on back.

DATE

DISPOSITION

I have been having a Multitude of Muscle Spasms all over my body. The Ms Contir have not been SToping the Muscle Spasms. If I can not have the same medication give me some thing else..

Thank you for your time in this matter.

Sincerely,


  
Raynell Carmichael

STATE OF CALIFORNIA  
GA-22 (9/92)

## INMATE REQUEST FOR INTERVIEW

DEPARTMENT OF CORRECTIONS

DATE	TO		FROM (LAST NAME)	CDC NUMBER
Fed 6, 2008	Dr. RAND		Carmichael, Raynell	D-25366
HOUSING	BED NUMBER	WORK ASSIGNMENT	JOB NUMBER	
2N1-L	2N1-L	U/A	FROM TO	
OTHER ASSIGNMENT (SCHOOL, THERAPY, ETC.)			ASSIGNMENT HOURS	
			FROM TO	

Clearly state your reason for requesting this interview.

You will be called in for interview in the near future if the matter cannot be handled by correspondence.

I received the Fosamax on Feb 5, 2008. The only Instruction that is on the Label of the medication is take in the Morning!? I am still waiting on the Instruction that you promise to give me. I do remember you saying that there are some serious risk in taking this medication, on Feb 6, 08, RN-alex

INTERVIEWED BY

DISPOSITION

DATE

Gave me a package of Info on Paget's disease of bone. I would like to know which Doctor diagnos me with this disease!? I still have not received any Calcium from the Pharmacy so I am not going to start taking this medication untill I receive the Instruction that you told me about. I am waiting on you Dr. RAND.

STATE OF CALIFORNIA  
GA-22 (9/92)

## INMATE REQUEST FOR INTERVIEW

DEPARTMENT OF CORRECTIONS

DATE <b>Feb 16, 2008</b>	TO <b>Pharmacy-Dept</b>	FROM (LAST NAME) <b>Carmichael, Raynell</b>	CDC NUMBER <b>D-25366</b>
HOUSING <b>2N1-L</b>	BED NUMBER <b>2N1-L</b>	WORK ASSIGNMENT <b>U/A</b>	JOB NUMBER FROM _____ TO _____
OTHER ASSIGNMENT (SCHOOL, THERAPY, ETC.) <b>U/A</b>			ASSIGNMENT HOURS FROM _____ TO _____
<p align="center"><b>Clearly state your reason for requesting this interview.</b></p> <p>You will be called in for interview in the near future if the matter cannot be handled by correspondence.</p> <p>On February 4, 2008, I received a prescription of Fosamax Medication from the Pharmacy, with only the Instruction on the Lable, saying take 4-in the Morning</p> <p>On January 18, 2008, I was seen by Dr.RAND who only gave me a Verbal instruction which I didn't remember every thing ? so I am requesting a print out of the</p> <p>Do NOT write below this line. If more space is required, write on back.</p>			
INTERVIEWED BY _____			DATE _____
DISPOSITION _____			

written instruction all about the Fosamax. On Feb 6, 2008, Dr. RAND sent me some Info about paget's disease of bone, it was given to me by RN-Alex I would like the: ACTION and the ADVERSE REACTION, INTERACTION, SIDE OF EFFECTS,ETC. PLEACE!!! send me a print out of the instruction all about Fosamax.

Thank you in advance for all your time and effort in this matter. I look forward to hearing from you real soon.

Sincerely

*Raynell Carmichael*  
Raynell Carmichael

Raynell Carmichael, D-25366  
 San Quentin State Prison-2N-01-L  
 San Quentin, CA. 94974  
 E-Mail:deniedjusticerc@msn.com

In Pro-Per  
 HELP WANTED

TRUTH-----JUSTICE-----INTERGRITY

Justice

March 11, 2008

Justice

Dr. O'Connor-Endocrinologist  
 1690 San Pablo Ave Ste# F  
 Pinole, CA. 94964

Re: Up Dated Concers!

Dear. O'Conner

I am writing in regards to the last medical records that I had sent to you. The Blood Test, MRI & CT-Bone Scan I had taken while you were gone during the Holidays. I leard that you wouldn't be back in your office untill Jan 7, 2008, I wanted you to have them so that we could find out the real cause of this bone disease. On January 10, 2008, I spoke with Dr. Shavit at that time I was told by her that you and Dr. Shoback the Metabolism specialist from UCSF were still unable to determine the type of bone disease, so I was disppointed again. Now, a few days latter I seen Dr. RAND in passing and she told me that she just gotten off the phone with you. she said that you had taken copies of my MRI & CT Bone Scan firm to UCSF and had a bone radiologist review them and from that it was now determine that I've "Paget's Disease of Bone" Dr. O'Connor this was good news. I had been wait ing for, But, I also became some what suspicion!? This is my reason why!?. The first Endocrinologist Dr. Nelson Madrilego, MD. requested that blood test and x-rays be done to determine if I had Paget's bone disease. March 1, 2007, his assment was persistent elevation of serum alkaline phosphatase, etiology unclear. x-rays of hip not suggestive of Paget's disease. Dr. Madrilejo, MD. Recommend that I be evaluated at a tertiary university center for my condition. he also suggested that I be seen by a Bone Metabolism expert, at USC-which is to far a way. But, is possible at UCSF-University of California, San francisco, CA. now, while waiting to be seen at UCSF. I was referred to you in May 25, 2007, it was learn that you won't be able to give a proper diagnosis due to the Fact that San Quentin medical staff wouldn't send the right or enough medical records, so after you and I talk it over I would send you all the medical records you need!. you also requested

COPY

that I be evaluated / GI, for unknown reason I was never seeny the rheumatology, and just recently I was seen by an GI on Feb 5, 2008 and when I did I inform him to contact you. Now on January 18, 2008, I was seen by Dr. V. RAND and at that time she told me you had consulted with Dr. Schbocl from UCSF. and it is now a FACT that I am diagnosed with Paget's disease of bone and my treatment will be **FOSAMAX**, Calcium 1000mgs a day, and continue my 50,000 IU Vitamin D, once a week I received the FOSAMAX on Feb 5, 2008. I didn't start taking any, because I had unclear instruction on How to take the FOSAMAX plus I still handn't received any calcium. I finality received the calcium on Feb 9, 2008, Thats the day I first started taking the FOSAMaX and calcium. on Feb 6, 2008, RN-Alex gave me a print out article off the web site "Mayclinic.com" Paget's disease of bone" from Dr.RAND. now I have review this article very closely and do agree 100% with all the information signs & symptoms, and that Paget's disease of bone affects each person differently, This disease has been wide speaded with in my bones, jonts, nerves. This is my present problem that I am dealing with pain radiating from my lower back my L-4&5 into my left leg the Sciatica, cause numbness tingling, and weakness, even in my toe & foot. I am also experiencing These same problems in both hands with fingers 3&4 Thumb. this indicate sever spinal damage. I have all ready lose 2'inces in my spine. I believe this is Permant Damage as well as my neck, shoulder, elbow, right&left knees. I also remember in 2004, when I had dental problems, lose teeth I had to have many teeth pulled and I still have lose teeth. I also had to get eye glasses at the present time I need to have my eyes check again. I have a question as to screeing and diagnosis in detecting this sisease, blood test was done as far back in 2004, month after month blood test, x-rays CT-bone scan done in july 7, 2007, it took 5-years. This has me confuse!? why did it take so long to figure this out!?. Dr.O'Connor this is my question to you. How much experience do you have in dealing with Paget's disease case and patients. is it still necessary for me to be seen by Dr. Schobock MD. at UCSF. I believe that we still have to find out the cause of my Vitamin D deficiency, did the GI Doctor I seen on Febuary 5, 2008, contact you? because I suggested to him to get in touch with you. I felt that you too might be able to figure the cause of the vitamin D deficiency and why I am lactose tolerance. Dr. O'Connor to self educate my self I have been reading other information about Paget's bone disease. which has also been very informative I recommen you check it out if and when you have the time. They are Wikipedia.org/wiki/paget's\_disease\_of\_bone. Next, MedicineNet.com ARTHRITIS FOUNDATION, NOVARTIS.COM Dr. O'Connor I have been schedule to see you in the near future. so we can discuss these issuses that I have raise. it is my hope that you could write up some type of notes that willreflect



your oppion concerning my medical condition,so untill next time be safe,  
and I look forward to seeing you real soon. Thank you for all your time in  
this matter.

Sincerely  
  
Raynell Carmichael

## INMATE REQUEST FOR INTERVIEW

DATE	TO	FROM (LAST NAME)	CDC NUMBER
March 30, 08	Mr. Timothy Rougeus Federal Receiver Manager-(A)	Carmichael, Raynell	D-25366
HOUSING	BED NUMBER	WORK ASSIGNMENT	JOB NUMBER
2N1-L	2N1-L	U/A	FROM _____ TO _____
OTHER ASSIGNMENT (SCHOOL, THERAPY, ETC.)			ASSIGNMENT HOURS
U/A			FROM _____ TO _____

## Clearly state your reason for requesting this interview.

You will be called in for interview in the near future if the matter cannot be handled by correspondence.

I am writing to because I need you Help-in figuring out the manes of these medical staff who work on August 31, 2007,pm. North Block pill cal line. next Sept 1, 2007, LVN name, Sept 2, 2007, LVN-C. Hênderson, am, sept2, 2007,pm LVN-name, Sept 3, 2007, LVN-AM & pm. LVN-Joe Caldarulo, who was the RN-working

Do NOT write below this line. If more space is required, write on back.	
INTERVIEWED BY	DATE
DISPOSITION	

TTA on sunday Morning Sept 2, 2007, I am unable to figure out the correct spelling of these LVN's names. Question why isn't Mandatory that all Doctor's RN's & LVN's carry an Rubber Stamp as Joe Caldarulo LVN. that has there initial and last name. This would be professional, and eliminate this problem Next, I am sending you a copy of an Request for Interview that I sent to the new CMO-Dr. Tootell, MD. dated March 16, 2008 which I haven't received any any answer to. I have sent other request for interview to others who has never responded back to me. CMO-R. Kannan, MD, Jayne R. Russel- program Manger. Robert Sillen-Federal Receiver as well as John Hanger, Federal Special Master. sir your response is needed, so I will close with hope and prayers that you will respond as an professional. thank you for all your time in this matter.

## INMATE REQUEST FOR INTERVIEW

DEPARTMENT OF CORRECTIONS:

	<p><b>Clearly state your reason for requesting this interview.</b></p> <p>You will be called in for interview in the near future if the matter cannot be handled by correspondence.</p>
--	---

Do NOT write below this line. If more space is required, write on back.

DISPOSITION	DATE	BY	REMARKS

Next>>>>>>>>>>>>>>:

100,000- IU aday 67,000-IU a day over, Vitamin D levels rise to 208-IU, 108 IU over the Reference Range. I became sick due to Toxicity. This is still an unresolve problem!? That still needs to be dealt with. I want to say there has been alot of other misdiagnosis, gross negligence, That failed to provide adequate medical care, and so on etc. But now dealing with my present health care provider. Dr. V. RAND, MD I first seen Dr. RAND on October 2, 2007, Dr. RAND had full knowlegal to the FACT that I handn't had taking any Lipitor 80 mgs, the MA XIMUM amount, Dr. RAND hand LVN Magnolia call the pharmacy , and return back, informing Dr. RAND that pharmacy will be sending the Lipitor out right a way. The reason was they were unsure if they should change to the new CHOLESTEROL Medication.? I received the Lipitor 80mgs on Oct 4, 2007, On October 8, 2007, I had acute kidney failure, and was taken to Marin General Hospital. Dr. RAND new all the other Medication and the ones that would cause kidney failure. It is my understanding base on information and belief that I could have died!? from this incompetent and negligence act. Dr. RAND fail to respond appropriately which cause me great harm. CMO-Dr. Tootell. I have filed and 832.5 staff complaint as a matter of FACT at two staff complaints , ASSIGNED staff-Reviewer "Health Care Manager" CMO THEIR Log Numbers are CSQ-3-08-00020, CSQ-3-08-00545 and check out SQ-08-0275 as well, I am hoping that you review each one demonstrate professionalism, honesty, integrity and justice in your opinion, and that each person accepts responsibilty for their misconduct and unethical actions in regards in each situation. On february 27, 2008, I confronted Dr. Rand about her false misleading comments. she worte in her SOAPE NOTE dated October 2, 15, 25, 2007, and November 27, 2007, she continue to lie in her response with a negative Expression. I told her she can not any thing in my medical records. and don't have any facts. My cellmate is very up set when I told and show him what Dr. RAND had wrote in my medical file. Patient has been taking a cellmates Motrim. This was the beginning of many more slanderous false comments. I never told Dr. RAND or any one else I was taking my cellmates Mortrim, and I have never used the word Mortim when talking to any one. CMO-Tootell, I have great concerns about how swelling of my Legs and whole body from october 15, 2007, to February 27, 2008, nothing was done untill after Feb 22, 2008, when I went to north block cilinc and show LVN-Stacy and magnolia who seen for their self as my witness . my toes, foot, legs/hands was so swollen & Big and tight that they felt like they were about to blust. this is a shame I had to suffer to this point before Dr. RAND would do any thing. Dr. RAND my be suffing from some type of impairment!? and may need a mental or physical evalation. I am going to close for now. I just want to bring some of many medical issues.that I have been experiencing to your attention and that you will investigate this on going situation. I am going to close for now, and Welcome to San Quentin I do lookward to hearing from you in regards to this matter. untill that time . Thank you in advance for all your time in this situation.

Sincerely



Raynell Carmichael, Sr.



Raynell Carmichael, D-25366  
 San Quentin State Prison-2N-01-L  
 San Quentin, CA. 94974  
 E-Mail:deniedjusticerc@msn.com

In Pro-Per  
 HELP WANTED

TRUTH-----JUSTICE-----INTERGRITY

April 6, 2008



Justice

Justice

CALIFORNIA PRISON HEALTH CARE RECEIVERSHIP CORP  
 Mr. Clark Kelso-Federal Receiver  
 1731 Technology Drive, Suite#700  
 San Jose, CA. 95110

COPY

Re: Investigation

Dear. Mr. Clark kelso, Ph.D

I am writing to you in regards to the many letters that I and my wife have written in the past asking for medical Help! in dealing with my medical issues. But, I never received any direct help from the receiver office. I am hoping and praying that you will receive this letter., if not the same old things are still being done keeping the inmate patients medical problems a way from you. I am asking you to personally or have some one to investigate in to this on going present situation. one of them are is dealing with Doctor Victoria RAND, MD. failure to adequately advise me in taking Lipitor 80mgs having Full Knowledge tht I handn't had any with in my body for over 30+days which contributed to me having Kidney Failure. Dr. V. RAND, Unprofessional conduct, inaccurate, Slanderous False Statements, Misleading Statements, Breach of confidence, A 602 has been filed, and a letter was sent to the CMO-Dr. Tootell MD. a up to date as to past & present. Their has been no respond as of April 7, 2008, Next, another matter that needs ~~an~~ investigation is LVN-Carmen Henderson who denied me my pain Medication for my Paget's Bone disease. I have chronic pain. I take Ms Contin 60mgs Am & Pm.this is a form of Morphine!!! This happen on September 2, 2007, Labor Day. each situation needs to be investigation. I was told that all inmates in coming mail is on file, and you hace a record of that.so yohave worteas far back as 2006, I am going to close for now, with hope and prayers that I will hear from you in the near future in regards to these very important issues, real soon. Thank you for all your time in this matter.

Sincerely

Raynell Carmichael





Raynell Carmichael, D-25366  
San Quentin State Prison-2N-01-L  
San Quentin, CA. 94974  
E-Mail:deniedjusticer@msn.com

In Pro-Per  
HELP WANTED

TRUTH-----JUSTICE-----INTERGRITY

December 9, 2007,

Justice

Justice

CALIFORNIA PRISON HEALTH CARE RECEIVERSHIP CORP

Mr. Robert Sillen-Federal Receiver

Attn: John Hanger-Chief of Staff-Special Masters and court experts  
1731 Technology Drive, suite#700  
San Jose, CA. 95110

Re: Urgent Action Requested

Dear, Mr. John Hanger.

I am writing to you as my last hope in expersing my disappointment with all the inadequate mdeical treatment that I have received, and beendenied, along with many delays and obstructions has fallen on deaf ears. I have wrote to every one here at San Quentin, that is in a postion to help me. I have worte letters to Judge Henderson , Robert Sillen & Kristian Hector. I've filed 602's WRIT OF HABEAS CORPUS, in the superior Court in the County of Marin, the court Appointed me a Attorney Charles Carbone-A Prisoner Frihts Attorney who wrote a letter on my behalf to the CMO-Dr. R. Kanan, MD, and to Robert Sillen, the Federal Receiver on August 14, 2007, there was no action taken. when in Fact I just been Lied too. or just not told any thing at all. I need and want anwsers. I am very upset about the latest Rumor!? that is going around here at SQ from the Doctor's and Medical staff. saying that I am the one who cause my Kidney failure for taking additional Tylenol & IBUPOFEN for the Inceas Lower Back pain and left leg pain that had become very intense excruciating & debilitating. Let me explain, On Sept 27, 07, I was having heart and chest pain. I went to the North Block clinic. I told RN-Oliva the problem I was having, she check my Blood pressure and found that I was having irregular Hearts-palpitations she told me it was due to the combination of the Tylenol & IBUPOFEN, so RN-OLIVA told me to STOP and I did. Now once I STOP . I then start having pain in my left leg. On Sept 28, 07 at about 4:30 am the pain became so intense and so excruciating and debilitating I was taken to TTA-emergency Room here at SQ they felt the need for me to go by way of ambulance to an outside Hospital to be check out. on the way there I was given two shots of Morphine. while there they were unable to find the cause of the pain that I was having. I was return back to SQ. The TTA staff release be to North block and was told that

if I wasn't filling any batter or start having any more problems for me to return back to TTA, at about 2;00pm I return leting them know that my lower Back and left leg was stil hurting. Dr, Grant check me out and ask me did the hospital do an Ultasound to find out if I had a Blood clout. I told him no. some one said that they do the ultasound I told him that the only thing that they did was drawn blood. I told Dr. Grant that it didn't make any sense to me to go to an outside hospital in pain and come back to the prison in pain Dr. Grant told me he would write in my medical records that if I start having the same problems again for me to let the medical staff know because he left orders in my medical file.for Doctor's Hospital to do the Ultasound on my leg to find out if I have an blood Clout-now if it is found that I dont have a blood clout - we would have to start checking to see if I have a Pinch Nerve. lower back and left leg the sciotico-Nerve. On Sept 29,07. about 6;00 pm I went to the North Block Clinic told the LVN or Rn Casper that I have been having problems with my lower back and left leg which he had seen me the day before at TTA so I told him What Dr. Grant told me to do LVN Caspter wrote me a pass to go to the TTA which at that time I was In so much pain and it was hard for me to walk no one would taken me in wheelchair so I tried to walk I only made to the officer shack,which the officers were not happy about that after a shout time a officer went to TTA and got a wheelchair and push me there once there I was again taken to Doctor's medical center, this time they did run the Ultasound and that I didn't have a Blood clout so it is know beleive that I do have a pinch nerve. now the Ms Contin was suppose to have been Increase because the Ms Contin I am taking is not enought, I though I was going to be seen by Dr. Rand on Sept 28, 07, which Dr. Rand new about me going out to Doctor's Hospital . but that didn't happen. so I was seen by Dr Rand on Oct 2 2007, and my Ms Contin was Increase for 30mgs to 60mgs pm. which reduce my pain in my left leg and back along with other medication that was renewed. and refilled. Onct 8, 07, I was taken to Marin General Hospital for Kidney Failure. I told the Doctor what I had been going through and the medication. the Doctor told me the cause of the kidney failure was the LIPITOR 80 mgs. NAPROXEN 500mgs, METHOCARBAMOL 750mgs, HYDROCHLOROTHIZIDE 25mgs. and that I had been walking around at a third stage kidney failure. I believe that Dr. David and Dr. Rand should have known the serious side effects of Lipitor taken with certain other medicines would cause kidney failure, Muscle,Weakness and joint pain and more etc. which I had been telling the Doctor's of these symptoms.I sent a Notice on August 9, 07, to the CMO and other Staff members knew for quite some time and they have the AUDACITY!!! to try and Shift their Negligence on me as the cause. This situation and many more needs to be Investigated by a medical expert which I am requesting will show inadequate medical treatment to my serious conditions is a deliberate indifference from there negligence and Malpractice. I could have died!? and they would have been

the ones that killed me!!!?, I continue to experience Multiple incidents, over the past 5-Years. I have sent letters & documents to toyou all and all you have to do is check. Now how long is this going to continue. I need answers: URGENT ACTION is required. in dealing with my Bone disease and other medical issues that has gone untreated? Why am I still waiting after 8-Months to be seen by an Bone Metablism expert at UCSF when San Quentin has a contract with UCSF or other Hospitals. My disease required immediate attention from specialists outside the prison the longer the delays the more permanent damage will be done to my body. which could have been preventable. I fill that every one who I've wrote to plus sent documents to all are responsible and should be held accountable for there failure to ACT. I would like to bring to your attention. a situation that needs to be investigated Mr Hanger, I was denied pain medication by LVN-Henderson on September 2, 2007, My Ms Contin had ran out My Doctor's appointment on August 31, 07, was rescheduled. No Fault of mine. If I had been seen by Dr. David or Dr. Rand this pain medication would have been renewed do to the fact of my bone disease and chronice pain. This type of Misconduct and more by other medical staff still continues here. I am requesting that LVN-Henderson be Fired, suspended or be required to take remedial education classes for her poor judgmen medical decisions, at the present time it is being appeal Log#CSQ-3-07--3875, I don't want this matter ignored. Mr. Hanger before you respond to this letter check the log to Californ Health care of incoming mail, as far back as August 22, 2006, as well as other dates. I ask you not to send me another form letter that Kristian Hector Inmate Patient relations Manager.This response letter that I've received as well as many others Inmates. we feel the words writen are only continue lies to our need for HELP. My wife and myself wrote and sent Info in regards to my dire need of Help and didn't receive any help from your Office. I believe once you check my request out! You will agree and under stand my feeling. Now I am requesting that you have one of your Medical Experts , you uses, Dr,Joe Goldens or Dr. Kent Imai, a consultant your office uses. once again I believe these medical Experts will say that my very serious medical problem could have been diagnosed by an medical Student. I believe that CDCR has a moral obligation to treat me with in the constitutional standards of health care, CDCR and even while under the Ferderal Recervier. I have been receiving Substandard medical care. The medical system still has failed me. Dr. John Hanger. I have read and heard from other people that you are a man of truth Justice and Intergrity so this is the reason that I am writing to you with hope and prayers that you you will deal with this matter personally or have some one else with the same type of character, that will come and sit down with me and address all my medical Issues. puting a plan together. In writing!!! It has to be in writing If I can not receive it in writing and a copy of it. there is no need to respond Next, I have heard that Robert Sillen has an Doctor on staff name Dr. Arnt.

that comes and interview special cases. I believe that my case is a very serious and complex medical issue is one. I am only going to send a few copies of Info. the rest will find upon your research. I am due to be seen by Dr. RAND on November 27, 2007, Now during my visit with Dr. RAND she mentioned to me by saying that the Doctor at Marin-Hospital said that I was the cause of my kidney failure. I told Dr. Rand that I didn't believe the Doctor said that,? and I told her that is not what the Doctor told me. This is the second time that Dr. Rand made remarks concerning the cause of my kidney failure. I told Dr. Rand that I overheard Doctors saying that I had been walking around at or with Third Stage Kidney Failure, what that means I don't know!? so before I call Dr. Rand a Liar I wanted to check my medical records from November 8-13 2007, to see for my self as to what the Doctors had said. Now after close review. The Doctor did say the patient back and leg pain is what triggered him to increase taking Tylenol & Ibuprofen is probably what induced the acute renal failure, the hospital did not have enough data to say what the cause was. But it is still unclear if this was induced by these Two NSAID. Now based on information and belief, I don't think the Tylenol & ibuprofen was the cause of the kidney failure due to the fact that I STOP taking them on Sept 27, 07, right after RN-Olivia told me to STOP. so from that point on I wasn't taking them. I believe the real cause was due to not having any Lipitor in my system for over 30-days and on October 4, 2007, I started back taking the Maximum dose of Lipitor 80 mgs. along with all the other medication I was taking. Naprosyn 500 mgs 2 x a day-Hydrochlorothiazide 25 mgs 1xaday-Psyllium powder 2xaday, Lipitor 80 mgs aday-Carvedilol 12.5 mgs aday-Lisinpril 20mgs aday-omeprazole 20mgs aday-simethicone 80 mg 2-tab-Ms Contin 60 mgs 2xaday-Amitriptyline 30 mgs at night. these are the real cause of me having acute renal kidney failure. Dr. Rand should have known the side effects of Lipitor taken along with certain other medicines and plus the fact that I had been all ready been complaining of the many symptoms that Lipitor causes. There is one more thing and that is Dr. Rand has lied when she said that I have been taking my cell mates Motrin that as well as other remarks she has written in my medical file are false and I want all of them out. and a Investigation in to this matter. I am going to close for now , with hope and faith In God that he will touch your heart to react and do your part and HELP me!!!, so until that time may God bless us in all ways.

Respectfully Submitted

Raynell Carmichael, Sr.

*"Justice for the Incarcerated"*

**Charles F.A. Carbone, Esq.**  
Attorney

August 14, 2007

Sent via U.S. Mail.:

Dr. Rene Kanan, M.D.  
Chief Medical Officer  
SQSP  
San Quentin, CA 94974

**Re: Unmet Medical Needs of I/M Carmichael (D-25366)**

Dear Dr. Kanan:

On behalf of the above-referenced inmate and client of mine, I write to respectfully request that you or your medical staff inquire on the inmate's medical needs. In short, inmate Carmichael was recommended for a consultation with the bone metabolism physician since April 26, 2007, and unfortunately no such medical care has been provided to date. He was further ordered to see a Rheumatology specialist since May 25, 2007, and no such referral has occurred. Moreover, inmate Carmichael's medical condition continues to worsen. I've enclosed a copy of his medical lab tests so that you can readily identify the needs of this inmate.

Please ensure that inmate Carmichael's medical needs are immediately cared for and met. His case is quite deserving of medical attention.

Please do not hesitate to contact me with any questions or concerns, and thank you in advance for your attention to this matter.

Sincerely,



Charles Carbone, Esq.

CC:  
Robert Sillen, Federal Receiver's Office.



Quest  
Diagnostics967 Mabury Road  
San Jose, CA 951331 (408) 75-1000  
1 (800) 88-80083714 Northgate Blvd.  
Sacramento, CA 9583416) 927-9900  
30) 952-5691

Accession No.

07/25/07 09:45

07/25/07 19:15

07/29/07 06:02

CARMICHAEL, RAYNELL

Client: CALIFORNIA STATE PRISON

DOB: 04/17/1951

DOB: NON-FASTING

1 SAN QUENTIN  
SAN QUENTIN, CA 94964

CHART #: D25300

LOCATION: CN/L

DAVID,  
415-454-1400 X5531

Collected:

Received:

Reported:

Re-reported:

Report Status:

FINAL

Page:

Qualification #:	In Range	Out of Range	Reference	Units	PS
Qualification #: 191900					
MPREHENSIVE METABOLIC PANEL					
COMPREHENSIVE METABOLIC PANEL					
SODIUM, SERUM	139		135-145	mmol/L	SC
POTASSIUM, SERUM	4.3		3.5-5.3	mmol/L	SC
CHLORIDE, SERUM	101		98-110	mmol/L	SC
CARBON DIOXIDE (CO2)	20		16-26	mmol/L	SC
UREA NITROGEN, BLOOD (BUN)	14		7-25	mg/dL	SC
CREATININE, SERUM	1.2		0.5-1.3	mg/dL	SC
eGFR	>60		SEE BELOW		SC
REFERENCE RANGE:	= 60 ml/min/1.73m2				
IF PATIENT IS AFRICAN AMERICAN	MULTIPLY REPORTED RESULT BY 1.21.				
GLUCOSE	93		65-99	mg/dL	SC
CALCIUM, SERUM	9.8		8.6-10.2	mg/dL	SC
TOTAL PROTEIN	7.6		6.2-8.3	g/dL	SC
ALBUMIN	4.3		3.6-5.1	g/dL	SC
GLOBULIN, TOTAL	3.3		2.1-3.7	g/dL	SC
A/G RATIO	1.3		1.0-2.1	ratio	SC
AST (SGOT)	20		10-35	U/L	SC
BILIRUBIN, TOTAL	0.4		0.2-1.2	mg/dL	SC
ALT (SGPT)	25		9-60	U/L	SC
ALKALINE PHOSPHATASE		305 H	40-115	U/L	SC
ALKALINE PHOSPHATASE ISOENZYMES					
ALKALINE PHOS ISO		292 H	41-130	U/L	NI
INTESTINE ISO		15 H	14 OR LESS	U/L	NI
PLACENTAL ISO	0		UNDETECTABLE	U/L	NI
BONE ISO		224 H	12-84	U/L	NI
LIVER ISO	53		13-92	U/L	NI
Increased intestinal alkaline phosphatase can be seen in blood group O and B secretors and after fatty meals.					
VITAMIN D, 25-HYDROXY, LOWERS					
VITAMIN D 25, TOTAL	68		20-100	ng/mL	NI
VITAMIN D 25, D2	4			ng/mL	NI
VITAMIN D 25, D3	64			ng/mL	NI
25-OHDB indicates both endogenous production and supplementation. 25-OHDB is an indicator of exogenous sources such as diet or supplementation. Therapy is based on measurement of total 25-OHDB with levels 20 ng/mL indicative of Vitamin D deficiency while levels between 20 ng/mL and 30 ng/mL suggest insufficiency. Optimal levels are 30 ng/mL.					
3RD GENERATION					
3RD GENERATION SENSITIVITY	0.15		0.16-0.50	ng/mL	SC
3RD GENERATION SENSITIVITY FOR 3RD GENERATION SENSITIVITY					
3RD GENERATION SENSITIVITY FOR 3RD GENERATION SENSITIVITY					

**Correctional Medicine Consultation Network**  
**Department of Family and Community Medicine**  
**University of California, San Francisco**

Carmichael, Ray D25366  
 8/29/06

55 year old man with HTN, hyperlipidemia, obesity, DJD, elevated alkaline phosphatase for 2 ½ years, currently undergoing workup to rule out multiple myeloma or metastatic disease. To summarize patient's course, he was initially noted to have elevated alkaline phosphatase in February 2004 with a normal GGT in 4/2004. No further workup was done on this until 4/06 when alkaline phosphatase isoenzymes revealed an isolated elevated bone isoenzyme. At that time Mr. Carmichael was complaining of back pain and BRBPR. Given a family history of colon cancer, he was scheduled for colonoscopy and CT chest/abdomen/pelvis to rule out metastatic disease. Colonoscopy was negative except for 2 polyps which were biopsied, pathology report pending. On 6/8/06, CT chest and abdomen were negative. CT pelvis showed mottled lesion in L femoral neck and sacrum which "could be due to osteopenia, multiple myeloma, and/or metastatic disease". At that time a SPEP/UPEP and bone scan were ordered. Labs from 6/27/06 showed UPEP negative. SPEP showed barely elevated alpha 2 globulin at 1.0 gm/dL (upper limit of normal is 0.9). Total protein is normal at 7.4. Bone scan on 7/7/06 showed diffuse uptake consistent with possible infiltrative disease in multiple sites. Of note, Mr. Carmichael has normal hematocrit, creatinine, PSA, and CEA. PTH (intact) is elevated at 84 with a normal calcium of 9.7.

Assessment :

In summary, Mr. Carmichael's lab and imaging abnormalities are more consistent with metabolic bone disease possibly due to a vitamin D deficiency or less likely a parathyroid abnormality. There is no evidence of multiple myeloma as globulin spikes in multiple myeloma are generally in the range of > 3 g/dl. Mr. Carmichael's case was discussed with Dr. Kaur, oncology, who felt there was no need for further workup of malignancy or bone marrow biopsy as metastatic disease is very unlikely since he has completed age appropriate cancer screening all of which has been negative, in addition to negative CT scans of the chest/abdomen/pelvis.



Plan:

We recommend checking a 25-hydroxyvitamin D (calcidiol) level and phosphorous level to rule out vitamin D deficiency, the most common cause of osteomalacia. If his phosphate and calcidiol levels are low, he will need to be treated for vitamin D deficiency. If vitamin D deficiency is present, Mr. Carmichael will likely require aggressive replacement depending on his degree of deficiency, consider an Endocrine consultation for specific recommendations if necessary. If these are normal, the next step would be to recheck a calcium level and consider an Endocrine consultation with a possible nuclear medicine evaluation of parathyroids to rule out parathyroid adenoma.

I RECEIVED THIS ON 9-13-06

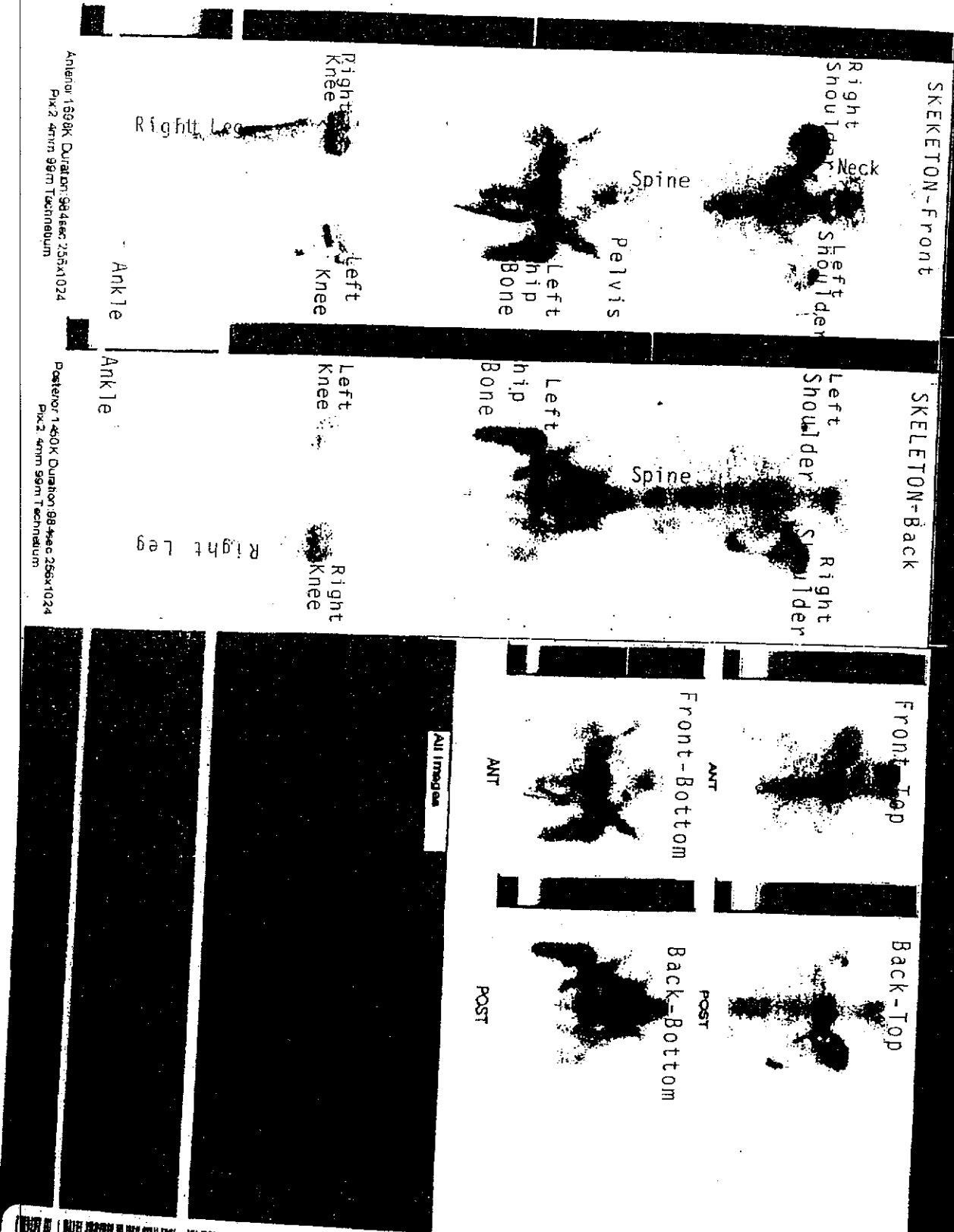
- If all the above work up for parathyroid/vitamin D disease is negative, would then re-consider an oncology consult for bone marrow biopsy to aid in diagnosis.
- Since Mr. Carmichael's symptoms are likely all due to DJD with possible superimposed bone disease, it is expected that he would experience considerable pain. Upon discussion with Mr. Carmichael, he is experiencing significant discomfort, therefore we recommend more aggressive pain control along with diet and weight loss counseling.
- In terms of his hypercholesterolemia, Mr. Carmichael is inadequately controlled with a most recent total cholesterol in February 2006 of 266. We recommend increasing his dose of atorvastatin.
- Also, Mr. Carmichael should have a repeat SPEP/UPEP in 1-2 years to monitor for progression to MGUS.

Feel free to contact us with any questions.

  MS  
Liz Suiter, MD UCSF Primary Care Internal Medicine Resident, R3  
Shira Shavit, MD UCSF Assistant Clinical Professor Dept. Family Medicine

STUDY: Bone Scan STUDY DATE: 7/7/06 ACCESSION #: NVN06534

The Black & Gray area is where the Metabolic Bone Disease has Spreaded, Multiple Sites!!!

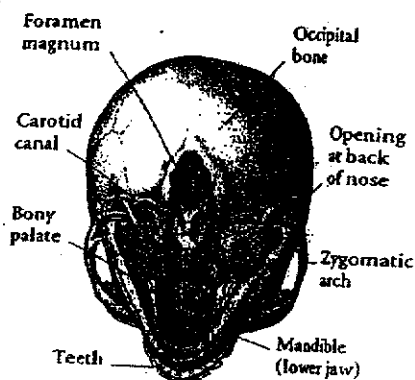


Master 1  
Sub  
NUCME  
CD25366 CARMICHAEL, RAYNELL  
RAD# 059570  
NVSUBFOLDERLBL

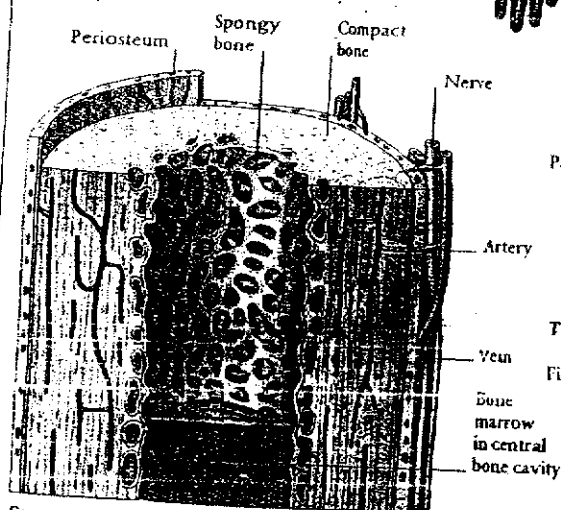
## MUSCULOSKELETAL SYSTEM

**STRUCTURE THE BODY'S SKELETON**

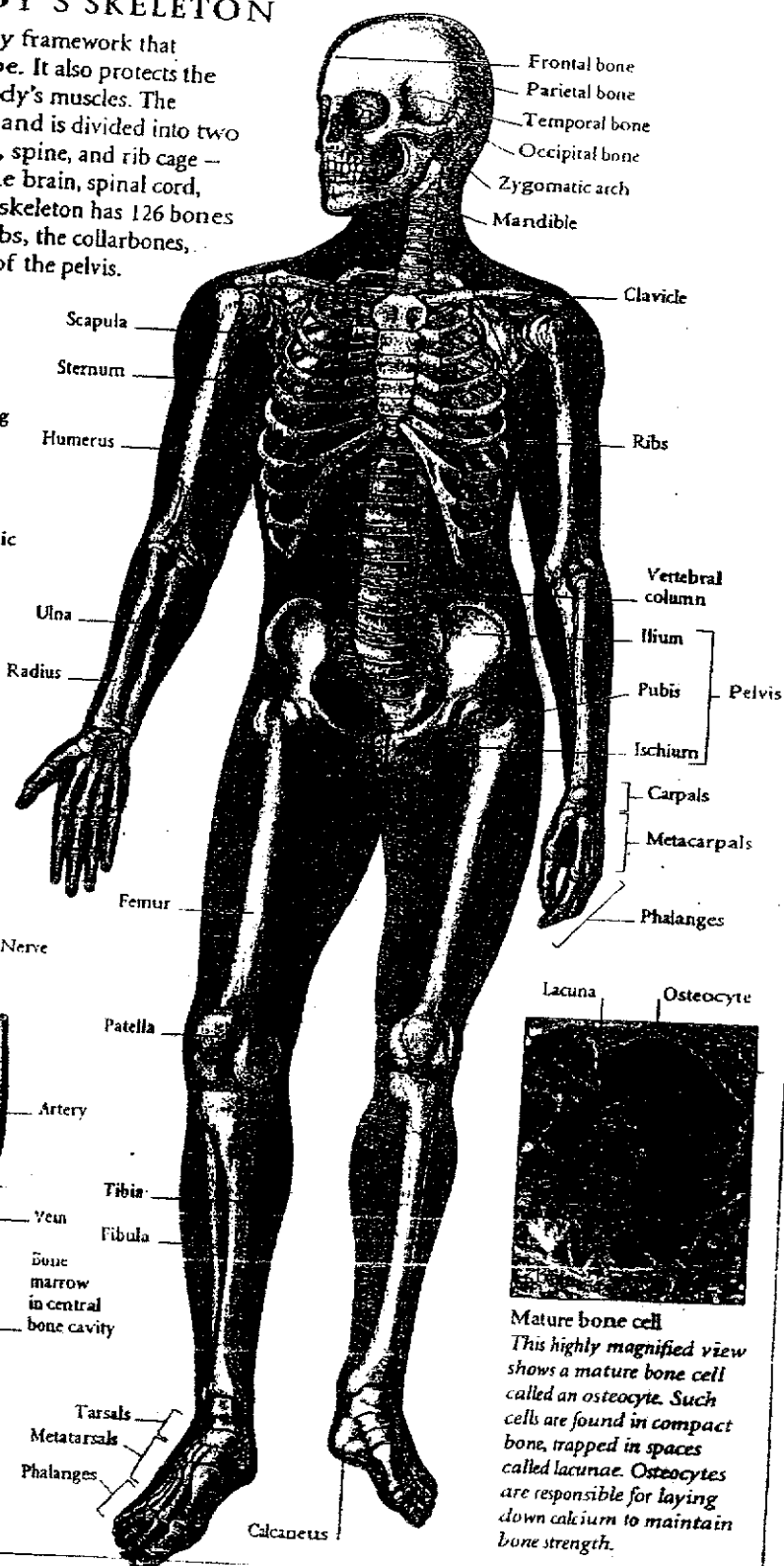
The adult human skeleton is a bony framework that supports the body and gives it shape. It also protects the internal organs and anchors the body's muscles. The skeleton is composed of 206 bones and is divided into two parts. The axial skeleton – the skull, spine, and rib cage – consists of 80 bones and protects the brain, spinal cord, heart, and lungs. The appendicular skeleton has 126 bones and consists of the bones of the limbs, the collarbones, the shoulder blades, and the bones of the pelvis.



**View of the skull from below**  
The skull has several holes through which vital structures connect with the brain. The spinal cord passes through the foramen magnum, the largest hole. The carotid arteries pass through smaller, paired holes to supply blood to the brain.

**Structure of a long bone**

A long bone, such as the femur, has a marrow-filled cavity surrounded by spongy bone. The next layer is denser, compact bone. Covering the outer surface is a membrane (periosteum), which contains nerves and a network of blood vessels.



**Mature bone cell**  
This highly magnified view shows a mature bone cell called an osteocyte. Such cells are found in compact bone, trapped in spaces called lacunae. Osteocytes are responsible for laying down calcium to maintain bone strength.

9835 77

- 59 -



Ruynell Carmichael, D-25366  
 San Quentin State Prison-2N-01-L  
 San Quentin, CA. 94974

E-Mail:deniedjusticercc@msn.com

In Pro-Per

HELP WANTED

TRUTH-----JUSTICE-----INTERGRITY

Justice

May 1, 2008

Justice

Dr. O'Connor, MD. Endocrinologist  
 1690 San Pablo Ave Ste# F  
 Pinol, CA. 94964

COPY

Re: Conformation

Dear. Dr. O'Connor, MD.

I am writing in regards to some questions. I ask Dr. V. RAND on April 30, 2008, it concerns the Blood Test of the Alkaline Phosphataes is only a example- 305-High out of range, reference Range-40-115, this is the only type of blood test being done WHY! isn't the Alkaline Phosphataes ISOCNZYMCE done for all of these. Alkaline PHOS ISO 292-High out of Range, Bone ISO 224,-High out of Rang, Reference range-41-130, and only just doing one. I feel that we should be looking at each one of these doing a complete Metabolic panel Intact PTH and PHosphorus. it will let us know how the Fosamax is working. Next, question the First endocrine Dr. Nelson Madrilejo, MD on April 26, 2007, suggested that I be seen by a Metabolism expert which I never seen one as of this day, do you feel that I need to see one ??? Dr. O'Connor you recommended that I see a Rheumatology specialist, that was made in May 25, 2007, I still haven't seen one, I believe that if I had seen a Rheumatology we might have I had Page't Bone Disease?? Dr. RAND told me that she doesn't rember this request. she won't make the request unless you say so!? Do you still suggest I been seen by an Rheumatology. I just received some more Info from The Paget's FOUNDATION that is all about the Paget's disease of the Bone, and other related disorders. one of those are Paget's disease and Ostoarthritis, it is suggested that a Rheumatologist should be Consulted do you or will you agree to that ? I would like your opinion and express that to Dr. RAND. Now our last visit on April 11, 2008, we didn't have enough time to talk about other issues concerning the diagnosis stage of this paget's bone disease, that I have what or how would you diagnosed it ? would you agree that it is in the advance stage!? I need this stated with in your notes as well as any other

diagnosis that you may have. I now have in my possession Info on Paget's bone disease from websits-Wikipedia.org/wiki/paget's\_disease\_of\_bone, MayoClinic.com, MedicineNet.com, ARTHRITIS FOUNDATION. NOVARITIS.com, MedinePlus.com. I am going to close for now with hope and paryers that you will continue to help me. I wand to Thank you for every thing that you have done, and what ever you might do in the future. May God continue to Bless you in always. I look forward to hearing from you reál soon.

Sincerely

Raynell Carmichael

**NAPA VALLEY IMAGING CENTER****RADIOLOGY MEDICAL GROUP OF NAPA, INC. 1000 TRANCAS ST NAPA, CALIFORNIA 94558****RICHARD F. HATTON, MD****ANDREW J. NICKS, MD****CHRISTIAN B. ANDERSON, MD****DANIEL H. BUNNELL, MD****DEAN M. GENES, MD****JAMES R. KNISTER, MD****F. RONALD HETRICK, MD****BRUCE N. TROUP, MD****DAVID E. GOLLER, MD****CHRISTOPHER J. SCHULTZ, MD****PHONE 707-257-4084****FAX 707-257-4169****MAGNETIC RESONANCE IMAGING  
LUMBAR SPINE W/O CONTRAST - Signed Report****EXAMINATION: OPEN MRI LUMBAR SPINE****INDICATION: Back pain, left lower extremity radiculopathy****TECHNIQUE: With the GE Signa Ovation (EXCITE) Open MR system and the dedicated spine array coil, the following pulse sequences were acquired: fast spin echo T1 FLAIR sagittal, fast recovery fast spin echo T2 sagittal, spin echo T1 axial and fast spin echo T2 axial.****COMMENT: The study is limited secondary to the patient's morbid obesity. There is an overall decreased signal-to-noise ratio.****L1-2: No significant abnormality.****L2-3: No significant abnormality.****L3-4: Desiccation of the intervertebral disc is present as well as a minimal broad based disc protrusion. No focal disc protrusion or central canal narrowing is seen. Mild bilateral neural foraminal narrowing is present.****L4-5: Desiccation of the intervertebral disc is present as well as a mild broad based disc protrusion. Hypertrophic degenerative changes of the facet joints and thickening of the ligamentum flavum are seen. Minimal central canal, moderate right and moderate to severe left neural foraminal narrowing is seen.****L5-S1: Desiccation of the intervertebral disc is present as well as a mild broad based disc protrusion. A focal left lateral disc protrusion is present. This combines with epidural lipomatosis to result in moderate central canal narrowing. Severe left neural foraminal narrowing is present. Moderate narrowing is seen on the right.****The conus is located at the T12-L1 level and appears to be within normal limits.****CONCLUSION:****Page 1 of 2****PATIENT: CARMICHEL, RAY  
UNIT #: QM02472204  
EXAM: LUMBAR SPINE W/O CONTRAST  
DATE: 11/08/07  
ORDER #: 1108-0001  
ORD PHY: RAND  
ADM PHY:  
PC PHY: NOT ON STAFF****ACCT #: QV0005570007  
AGE: 56 DOB: 04/17/1951****LOC: QMRI  
ROOM:  
REPORT #: 1108-0158  
#: D25366****MAGNETIC RESONANCE IMAGING****RAND - Ordering Doctor Copy**

Continued.....

1. LIMITED STUDY.
2. MODERATE DEGENERATIVE CHANGES ARE PRESENT AT L5-S1 AND, TO A LESSER EXTNET, L4-5. MODERATE CENTRAL CANAL NARROWING IS SEEN AT L5-S1. MILD NARROWING IS SEEN AT L4-5. SCATTERED NEURAL FORAMINAL NARROWING IS PRESENT. THIS APPEARS MOST SEVERE ON THE LEFT AT L5-S1 WHERE A SEVERE NEURAL FORAMINAL STENOSIS IS PRESENT.

DICTATED BY: DAVID E. GOLLER MD  
 SIGNED BY: GOLLER, DAVID E. MD  
 \* <<Signature on File>>

Dictated: 11/08/07 1313  
 Trans: 11/08/071341DHH  
 Signed 11/08/07 1537

Page 2 of 2

**PATIENT:** CARMICHEL, RAY  
**UNIT #:** QM02472204  
**EXAM:** LUMBAR SPINE W/O CONTRAST  
**DATE:** 11/08/07  
**ORDER #:** 1108-0001  
**ORD PHY:** RAND  
**ADM PHY:**  
**PC PHY:** NOT ON STAFF

**ACCT #:** QV0005570007  
**AGE:** 56 **DOB:** 04/17/1951

**LOC:** QMRI  
**ROOM:**  
**REPORT #:** 1108-0158  
**#:** D25366

**MAGNETIC RESONANCE IMAGING**

**RAND - Ordering Doctor Copy**

THIS IS A PERMANENT PATIENT REPORT.  
PLACE IN THE PATIENT'S MEDICAL RECORD.  
DOCUMENT STATUS: Final

EXAM:  
NM BONE SCAN TOTAL BODY

CPT: ORD#:  
78306 NVN07982

DATE:  
12/14/2007

REASON / COMMENTS:  
METS

Medication reconciliation form reviewed and any changes related to this procedure resolved.

HISTORY: 56 year old male with pertinent clinical information of metabolic bone disease of ?etiology; reason for examination is follow-up.

REPORT:

Using 19.6 mCi of Technetium-MDP administered intravenously in the right antecubital fossa, whole body bone scintiphotos are obtained.

INTERPRETATION:

Whole body bone scan compared with prior study of 7/7/06 showing:

1. Overall, no significant interval change.
2. Persistent abnormalities in the right shoulder, clavicle and scapula, in the thoracic spine at approximately T3 and T4 and approximately T9 through T11, and in the lumbar spine at approximately L1 or L2, and in the regions of L4 and L5, left posterior iliac crest inferiorly, left proximal to mid-femur, right knee, and right proximal to mid-tibia.
3. No new bony abnormalities.

TRANSCRIBED BY: jm 12/14/2007  
DICTATED BY: Kretzschmar MD, Frederick 12/14/2007

ORD DR: Wilson MD, Gilbert A.  
CC's: Wilson MD, Gilbert A.

Authenticated By:  
Frederick Kretzschmar, M.D.  
12/15/2007 16:13

PATIENT: CDCD25366CARMICHAEL, RAYNELL D.O.B: 04/17/1951  
MEDREC#: 02198252 ACCNT#: 0 RAD#: 059570  
PT. LOC: NCH Nuclear Med DISCHG DATE:

NOVATO COMMUNITY HOSPITAL - RADIOLOGY DEPT NOVATO, CA 94945  
PHONE (415) 209-1500 | FAX (415) 209-1501



THIS IS A PERMANENT PATIENT REPORT.  
PLACE IN THE PATIENT'S MEDICAL RECORD.  
DOCUMENT STATUS: Final

EXAM:  
NM BONE SCAN TOTAL BODY

CPT: ORD#:  
78306 NVN06534

DATE:  
07/07/2006

REASON / COMMENTS:  
RO METS

HISTORY:  
Multiple myeloma, rule out metastases. Patient has had three years of low back pain as well as pain in left shoulder and right knee.

REPORT:  
Using 19.6 mCi of Technetium-MDP administered intravenously in the right antecubital fossa, whole body bone scintiphotos are obtained.

INTERPRETATION:  
Whole body bone scintigraphy showing:

- 1) Marked increased uptake entire right clavicle and acromioclavicular joint.
- 2) Prominent increased uptake right shoulder along the medial aspect of the right humeral head.
- 3) Mild increased uptake left and right border of sternum.
- 4) Moderate increased uptake approximately T3, T4 with mild increased uptake approximately T9 through T12, and focally at approximately L2, with prominent increased uptake left side L5 and mild increased uptake right side L4-L5 junction.
- 5) Focal increased uptake left posterior iliac crest inferiorly.
- 6) Moderate diffuse increased uptake left proximal femur including the humeral head, intertrochanteric ridge, and several centimeters of the proximal femur.
- 7) Mild increased uptake right and left knees along the tibial plateau medially.
- 8) Linear area increased uptake right upper and mid tibia.

COMMENT:

Other areas of bony architecture are somewhat faint and patchy which may be related to soft tissue attenuation. The above findings are consistent with possible infiltrate of disease. It should be noted that multiple myeloma often is negative on bone scans due to the lytic nature of the disease, however, surrounding bony reactive changes may be seen.

PATIENT: CDCD25366CARMICHAEL, RAYNELL  
MEDREC#: 02198252 ACCNT#: 1002260576  
PT. LOC: NCH Nuclear Med

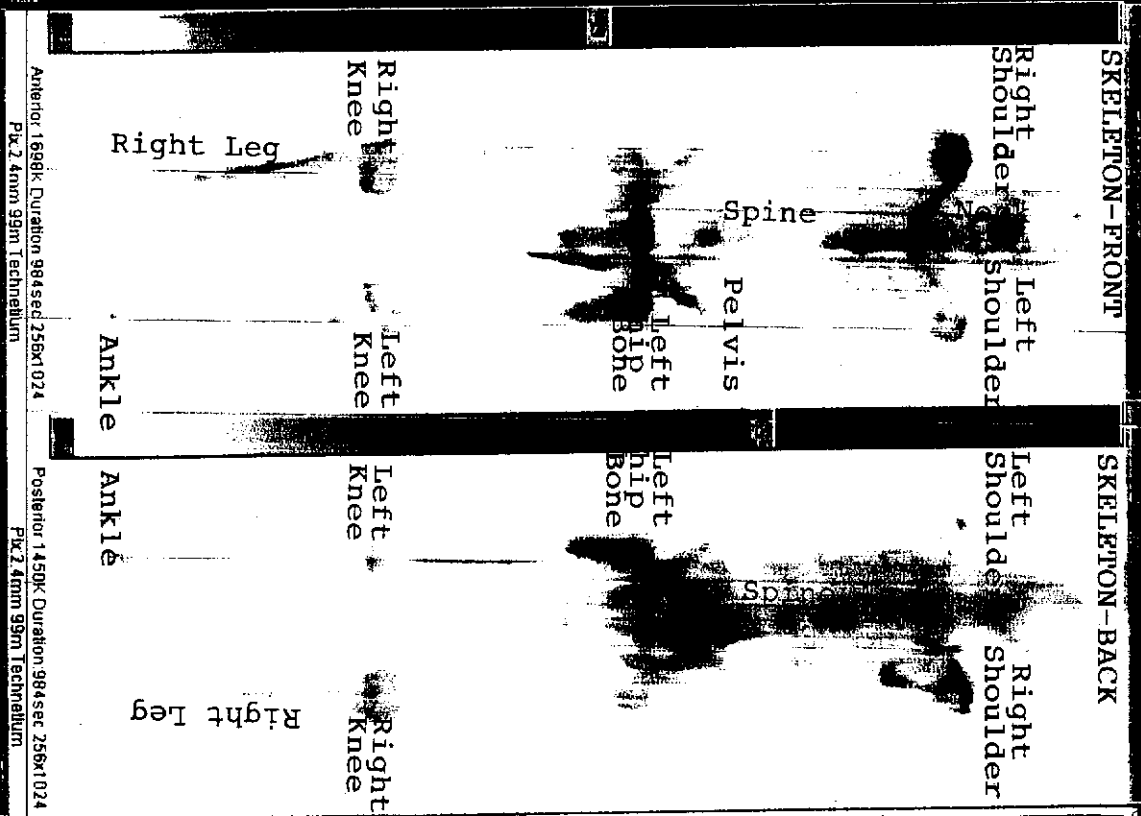
D.O.B: 04/17/1951  
RAD#: 059570  
DISCHG DATE: 10/25/2006

NOVATO COMMUNITY HOSPITAL - RADIOLOGY DEPT NOVATO, CA 94945  
PHONE (415) 209-1500 | FAX (415) 209-1501

EXHIBIT 17

The Black & Gray is where the Paget's Bone Disease has Spreaded to Multiple sites!!

Novato Community Hospital 180 Rowland Way Novato, CA 94945  
 @DCD25366CARMICHAEL, RAYNELL, DOB: 4/17/51 ID: 02198252 SEX: M  
 STUDY: Bone Scan STUDY DATE: 7/7/06 ACCESSION #: NVND06534

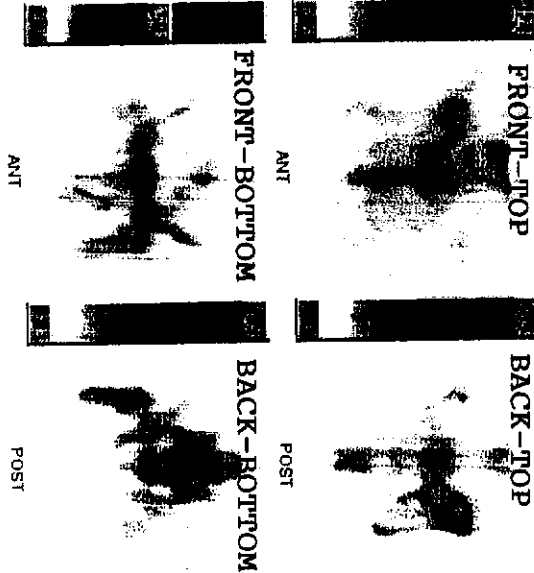


Anterior 1588K Duration 984sec 256x1024  
 Pix 2.4mm 99m Technetium

Posterior 1450K Duration 984sec 256x1024  
 Pix 2.4mm 99m Technetium

All Images

All Images

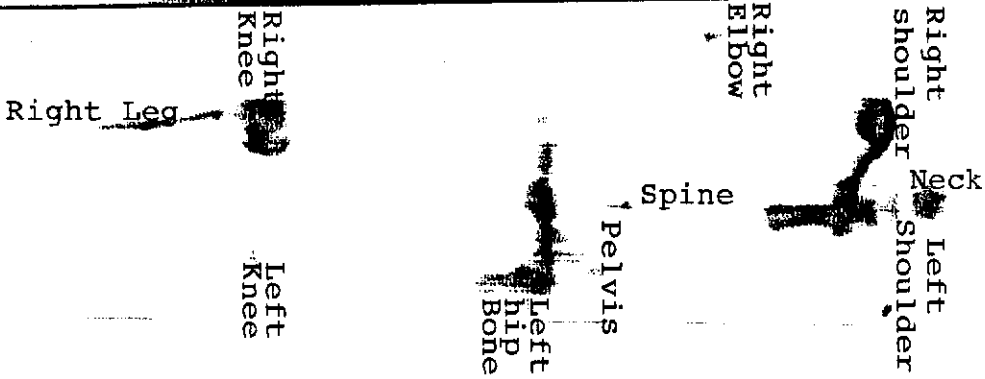


Prior Scan

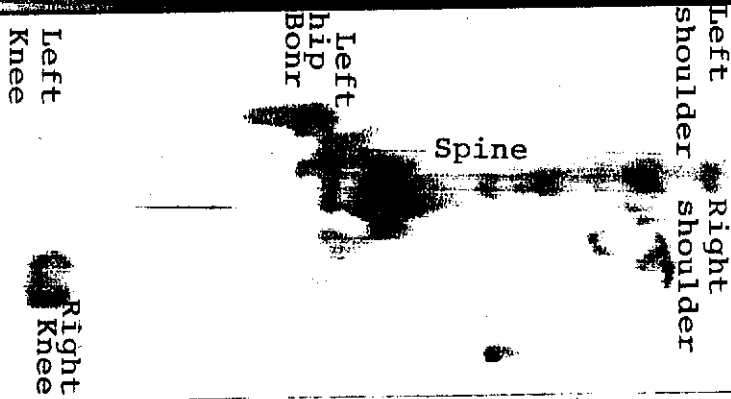
Novato Community Hospital 180 Rowland Way Novato, CA 94945  
 CDCD25386CARMICHAEL, RAYNELL DOB: 4/17/51 ID: 02198252 SEX: M  
 STUDY: Bone Scan STUDY DATE: 12/14/07 ACCESSION #: NVN07982

The Black & Gray is where the Paget's Bone Disease has Soreaded to Multiple Sites!!!

**SKELETON-FRONT**



**SKELETON-BACK**



**FRONT-BOTTOM**



**BACK-BOTTOM**



All Images

Anterior 1846K T1062Sec 256x1024  
 Pix 2 4mm 99m Technetium

Posterior 1579K T1062Sec 256x1024  
 Pix 2 4mm 99m Technetium

Current scan